COORDINATED TASK PLAN – INSTRUCTIONS

(back of form)

Policy

1. The Hospice agency will coordinate services with each LTC provider. The Hospice and LTC Provider will jointly ensure collaborative efforts between the LTC provider and the Hospice, by documenting which services will be provided, by whom, the frequency of services, updates when changes occur, dated signatures of both LTC provider and Hospice staff.
2. The Coordinated Task Plan will be initiated by the Hospice provider upon start of care in the LTC and will be continuously updated with any changes as needed.
3. At a minimum, the Coordinated Task Plan will be reviewed with recertification of the hospice resident.

Procedure

1. Complete the Hospice resident name, corresponding room number, and Hospice diagnosis at the top of the Coordinated Task Plan form.
2. Complete the name of the Hospice agency, phone numbers and staff assigned for each discipline.
3. Circle the days of the week the hospice nurse plans to visit. Update any on-going schedule changes on the next line.
4. Circle the days of the week the hospice aide plans to visit. Update any on-going schedule changes on the next line.
5. List the frequency of visits planned for the social worker, chaplain, volunteer or other staff. Update this section by marking through the previous schedule with one line and listing the new schedule with current the date.
6. For the wound care schedule, circle the days of the week that hospice will provide the wound care. Update any on-going schedule changes on the next line. The LTC provider will be responsible for wound care on all other days.
7. List frequency of foley catheter care under each party responsible.
8. List each treatment planned and document frequency under each party responsible.
9. Indicate by check mark or record the medical supplies provided ONLY by the hospice agency.
10. Indicate by check mark or record the DME provided ONLY by the hospice agency.
11. Document a start date for each new or changed intervention and an end date for each discontinued intervention.
12. Indicate at the bottom of the page, signatures and dates of both LTC representative and the Hospice staff member making the changes.

After multiple changes and updates, it may be necessary to initiate a new Coordinated Task Plan.

Hospice/LTC Coordinated Task Plan of Care

Resident Name:	Room #: Bed #:	Hospice Diagnosis:

Hospice Company:	
Daytime phone:	After hours phone:

RN Case Manager:	Hospice Social Worker:
Hospice Aide:	Hospice Volunteer:
Hospice Chaplain:	Other:

Date			Date		
Start	End	**Hospice Nurse Visits**	Start	End	**Hospice Aide Visits**
		Schedule S M T W TH F SA			Schedule S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Hospice Social Worker Frequency			
		Hospice Chaplain Frequency			
		Hospice Volunteer Frequency			
		Hospice Other Frequency			

Date		**Wound Care Schedule**
Start	End	**Hospice Wound Care**
		Schedule S M T W TH F SA
		Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA

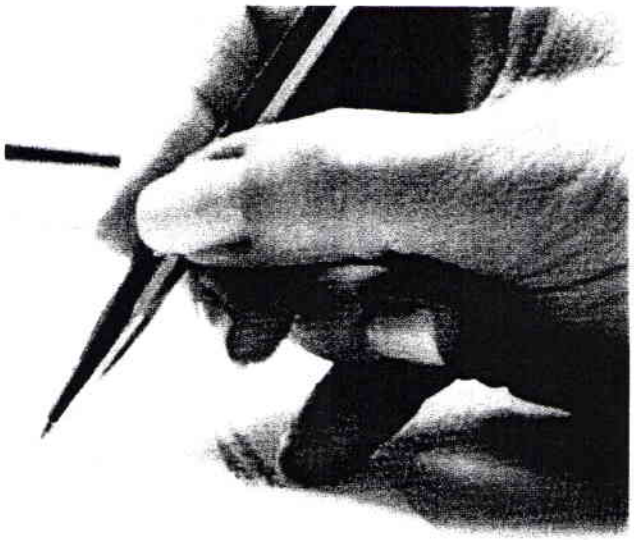
Date			**Party Responsible & Frequency**	
Start	End	**Treatments**	Hospice	LTC
		Foley Catheter Change		
		Other Tx: (therapy, labs, trach care, ostomy care, etc.)		

Medical Supplies Provided by Hospice:		
[ ] Incontinence	[ ] Dressings	[ ] Foley catheter
Other	Other	Other
Other	Other	Other
DME Provided by Hospice:		
[ ] Oxygen	[ ] Commode	Other
[ ] Bed	[ ] Nebulizer	Other
[ ] Walker	[ ] Wheelchair	Other

Hospice Staff Signature	Date	LTC Staff Signature	Date

6-18-09 DC

COORDINATED TASK PLAN For Hospice Residents in Long-Term Care



Strategies & Tools to Improve the Coordination Process

June 18, 2009

Table of Contents

Overview

What is the Coordinated Task Plan of Care?

The Coordinated Task Plan of Care is a plan that will promote optimal hospice care to residents in long term care by increasing the communication between providers. The intent is to assist in establishing and agreeing upon a coordinated plan of care/service plan which meets the resident's individual needs, preferences and living situation.

This form is recommended for use in nursing homes, assisted living, and in the residential care setting for any residents receiving hospice care from a certified hospice agency. **The Section for Long Term Care Regulation and the Bureau of Home Care and Rehabilitative Standards within the Department of Health and Senior Services support this project.**

Why should I use the Coordinated Task Plan?

1. The Hospice and LTC provider will utilize a process to assure quality of care by use of the Coordinated Task Plan to communicate, establish and agree upon care.
2. It is the resident's right to access hospice services if the resident qualifies for that benefit.
3. CMS has identified the following four problem areas in providing hospice in the LTC setting:
    - Care and services do not reflect the hospice philosophy.
    - Poor coordination, delivery, and review of the care plan.
    - Ineffective systems to monitor effectiveness of the plan of care for pain management and symptom control.
    - Poor communication between hospice and LTC staff.

In Summary

Communicate!

Communicate!!

Communicate!!!

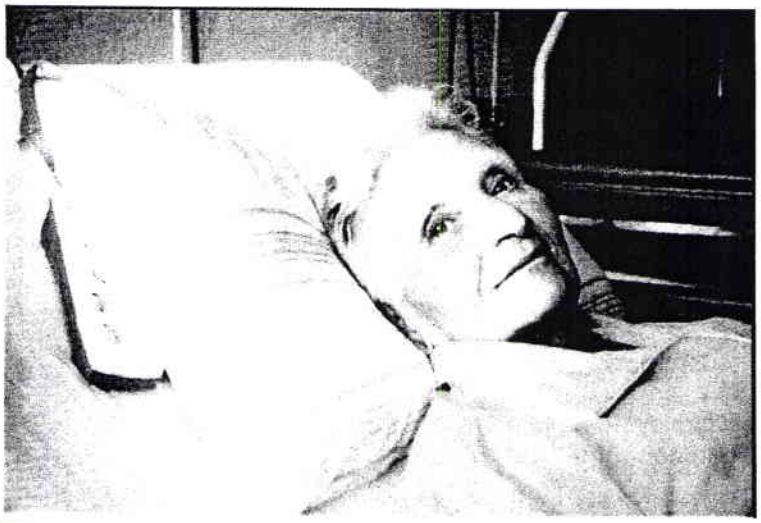
Objectives of Training for the Coordinated Task Plan

Training Points:

1. To introduce hospice and long-term care providers to the Coordinated Task Plan, including the purpose of the form and the correct way to complete and implement the form.

2. To show the benefits the Coordinated Task Plan creates for the hospice LTC resident when it comes to improving communication among providers of care by using example scenarios of two residents.

3. To establish how state and federal regulations regarding the management of hospice residents in the LTC setting are addressed through the Coordinated Task Plan.



Improving communication results in improved care.

Getting Started-Training Point One

The Purpose of the Coordinated Task Plan

The Coordinated Task Plan serves as a crossover of the Hospice plan for residents in the LTC setting.

The Coordinated Task Plan serves as a communication tool for improving care of hospice residents in the LTC setting.

The Coordinated Task Plan allows for communication of care and information about changes in care.

Policies of the Coordinated Task Plan

The Hospice provider will coordinate services with each LTC provider. The Hospice and LTC provider will jointly ensure collaborative efforts between them, by:

- ✓ documenting which services will be provided, by whom, and the schedule of services
- ✓ updates when changes occur
- ✓ dated signatures of both providers

The Coordinated Task Plan will be initiated by the Hospice provider upon start of care and updated with any changes. At a minimum, the Coordinated Task Plan will be reviewed with recertification of the hospice resident.

> ***"Inaccurate information can occur in many ways, often putting a patient's health in serious danger."***
>
> ***_ Carolyn M. Clancy, M.D. Agency for Healthcare Research and Quality***

Procedures for the Coordinated Task Plan

The Hospice provider will personalize the Coordinated Task Plan at the top of the form with its contact information and logo as desired.

The Hospice provider will complete the individual Hospice residents name, corresponding room number, and Hospice diagnosis at the top of the Coordinated Task Plan form and take it to the care plan meeting.

The Hospice staff member will ensure all dates correspond with the frequency of visits for each week with each discipline. The Hospice staff member who initiates any change of discipline frequency will update the Coordinated Task Plan, and sign and date each entry along with the LTC provider.

If a Hospice provider makes a change via phone call to the LTC provider, the Hospice provider will document the changes and with whom they discussed the changes on a progress note. Hospice staff will ensure that the updates have been made on the Coordinated Task Plan at the time of the next skilled nurse visit. The LTC staff should call the Hospice provider prior to calling the physician with changes.

Documentation on the Coordinated Task Plan will be monitored and updated by the Hospice RN case manager.

Responsibility for foley catheter changes and other treatments will be clearly documented by recording the planned frequecncy of interventions in the "responsible party" section for each provider.

Each new or changed intervention should have a start date, and each discontinued intervention should have an end date.

Medical supplies provided by the Hospice provider will be listed on the form. Therefore, supplies provided by the LTC provider will not be listed. The hospice provider will place a checkmark or list the appropriate DME provided by the hospice provider. DME provided by the LTC provider will not be listed on the form. Any change in the plan requires a representative from both hospice and LTC to sign and date at the bottom of the page to indicate they communicated and agreed upon the change.

After multiple changes and updates, it may be necessary to initiate a new Coordinated Task Plan form.

Getting Started-Training Point Two

Examples of Implementing Coordinated Plans of Care through Resident Scenarios

SCENARIOS

The following are examples of how to correctly complete the Coordinated Task Plan of Care.

RESIDENT #1 *SCENARIO*

An 81-year-old female assisted living resident is admitted to hospice on December 14th with a diagnosis of CHF.

The hospice nurse will visit 2x/week, hospice aide 2x/week and the social worker and chaplain will both visit monthly and prn.

The resident has nebulizer treatments, which the LTC provider will provide and administer (Because the equipment is provided by LTC, it is not on the form). The resident also requires oxygen and a wheelchair, which hospice will provide.

There are no other treatments added and the intensity of visits is not required to change.

Please refer to next page for the completed Coordinated Task Plan of Care.

Hospice/LTC Coordinated Task Plan of Care
Resident #1 Scenario

Just For You Hospice Care

Resident Name: Rose Wood	Room #: 1234 Bed #: 1	Hospice Diagnosis: CHF

Hospice Company: Just For You Hospice Care	
Daytime phone: (111)222-3333	After hours phone: (111)444-5555

RN Case Manager: Gary Gardener	Hospice Social Worker: Susie Sunflower
Hospice Aide: Helen Hose	Hospice Volunteer: Violet Valley
Hospice Chaplain: Charlie Chaplin	Other:

Date Start	Date End	Hospice Nurse Visits	Date Start	Date End	Hospice Aide Visits
12-14-09		Schedule S (M) T W (TH) F SA	12-14-09		Schedule S M (T) W TH (F) SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA			Schedule Change S M T W TH F SA
12-14-09		Hospice Social Worker Frequency Monthly			
12-14-09		Hospice Chaplain Frequency Monthly			
		Hospice Volunteer Frequency			
		Hospice Other Frequency			

Date Start	Date End	Wound Care Schedule
		Hospice Wound Care
		Schedule S M T W TH F SA
		Schedule Change S M T W TH F SA
		Schedule Change S M T W TH F SA

Date Start	Date End	Treatments	Party Responsible & Frequency: Hospice	LTC
		Foley Catheter Care		
		Other Tx: (therapy, labs, trach care, ostomy care, etc.)		

Medical Supplies Provided by Hospice:		
[ ] Incontinence	[ ] Dressings	[ ] Foley catheter
Other	Other	Other
Other	Other	Other

DME Provided by Hospice:		
[✓] Oxygen	[ ] Commode	Other
[ ] Bed	[ ] Nebulizer	Other
[ ] Walker	[✓] Wheelchair	Other

Hospice Staff Signature	Date	LTC Staff Signature	Date
Dr Sandeger, RN	12-14-09	Nancy Palmer, RN	12-14-09

RESIDENT #2 SCENARIO

A 67-year-old female nursing home resident was admitted to hospice July 1st with a diagnosis of lung cancer.

The hospice nurse will visit 2x/week, hospice aide 2x/week, hospice social worker 2x/month, and hospice chaplain monthly.

The resident has a port-a-cath, and the hospice nurse will flush it monthly, but the LTC provider may flush it prn if there is any problem. She will have a CBC and PT done weekly by the hospice nurse, per port. She has oxygen, a walker, and a wheelchair – all provided by hospice.

August 5th a CADD PCA is started for pain management. The cassettes will be changed by either the hospice or LTC provider nurse as needed. The hospice nurse will manage the needle placement weekly and prn.

On August 12th, she develops a stage 1 decubitus on her right heel and right buttock. A hydrocolloid dressing is used, applied by the hospice nurse twice weekly when she visits. If it requires reinforcement or replacement between hospice nurse visits, the LTC provider nurse will do the dressing care.

On August 30th, the resident has skin breakdown on the right heel site. An ointment is ordered to be applied daily. The hospice nurse will apply the dressing on the days of a hospice nurse visit. There is no change to the right buttock dressing. Because the resident is declining, a volunteer will come weekly to sit with the resident and relieve the family members from daily visits.

On September 5th, the resident is declining significantly. A foley catheter is placed and will be changed monthly by the hospice nurse and prn by the LTC provider. Also, the hospice nurse will begin visiting 3x/weekly and the aide will also visit 3x/weekly, but on alternating days from the nurse visits.

Please refer to next page for the completed Coordinated Task Plan of Care.